

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212537925						
1.) CORPORATION NAME: Knoll, Inc.		DUE DATE: 11/30/2012						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802		SCC ID NO: F1401456						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>100,000,000</td> </tr> <tr> <td>PREF</td> <td>10,000,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	100,000,000	PREF	10,000,000
CLASS	AUTHORIZED							
COMMON	100,000,000							
PREF	10,000,000							
4.) STATE OR COUNTRY OF INCORPORATION: DE								
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 1235 WATER ST CITY/ST/ZIP: EAST GREENVILLE, PA 18041 </div>								
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.								
NAME: LYNN M UTTER TITLE: P/COO ADDRESS: 1235 WATER STREEET CITY/ST/ZIP/CO: EAST GREENVILLE, PA 18041	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: MICHAEL A POLLNER TITLE: VP/GC/SECRETARY ADDRESS: 1235 WATER STREET CITY/ST/ZIP/CO: EAST GREENVILLE, PA 18041	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: BARRY L MC CABE TITLE: EVP/CFO/T/C ADDRESS: 1235 WATER STREET CITY/ST/ZIP/CO: EAST GREENVILLE, PA 18041	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						
NAME: ANDREW B COGAN TITLE: CEO ADDRESS: 76 NINTH AVE, 11TH FL. CITY/ST/ZIP/CO: NEW YORK, NY 10011	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: BURTON B STANIAR TITLE: CHM ADDRESS: 76 NINTH AVE 11TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10011	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR						
NAME: JEFFREY BLOM TITLE: SVP ADDRESS: 1235 WATER STREET CITY/ST/ZIP/CO: EAST GREENVILLE, PA 18041	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						

NAME:	JOHN C. FINKEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1235 WATER STREET		
CITY/ST/ZIP/CO:	EAST GREENVILLE, PA 18041		
NAME:	BENJAMIN A. PARDO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	76 NINTH AVE., 11TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10011		
NAME:	DAVID SCHUTTE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	76 NINTH AVE., 11TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10011		
NAME:	MICHAEL SPRINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	1235 WATER STREET		
CITY/ST/ZIP/CO:	EAST GREENVILLE, PA 18041		
NAME:	JOHN WILSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1235 WATER STREET		
CITY/ST/ZIP/CO:	EAST GREENVILLE, PA 18041		
NAME:	KATHLEEN G. BRADLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2146 CALIFORNIA ROAD		
CITY/ST/ZIP/CO:	RICKLANDTOWN, PA 18955		
NAME:	STEPHEN F. FISHER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401City Ave., Suite 809		
CITY/ST/ZIP/CO:	Bala Cynwyd, PA 19004		
NAME:	JEFFREY A. HARRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 W. 12TH ST. #9C		
CITY/ST/ZIP/CO:	NEW YORK, NY 10014		
NAME:	SIDNEY LAPIDUS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 Lexington Ave.		
CITY/ST/ZIP/CO:	New York, NY 10017		
NAME:	JOHN F. MAYPOLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14 SHERWOOD DRIVE		
CITY/ST/ZIP/CO:	MOUNTAIN LAKES, NJ 07046		
NAME:	SARAH E. NASH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	898 PARK AVE.		
CITY/ST/ZIP/CO:	NEW YORK, NY 10075		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ MICHAEL A POLLNER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MICHAEL A POLLNER, VP/GC/SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/1/2012</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		